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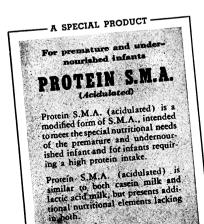
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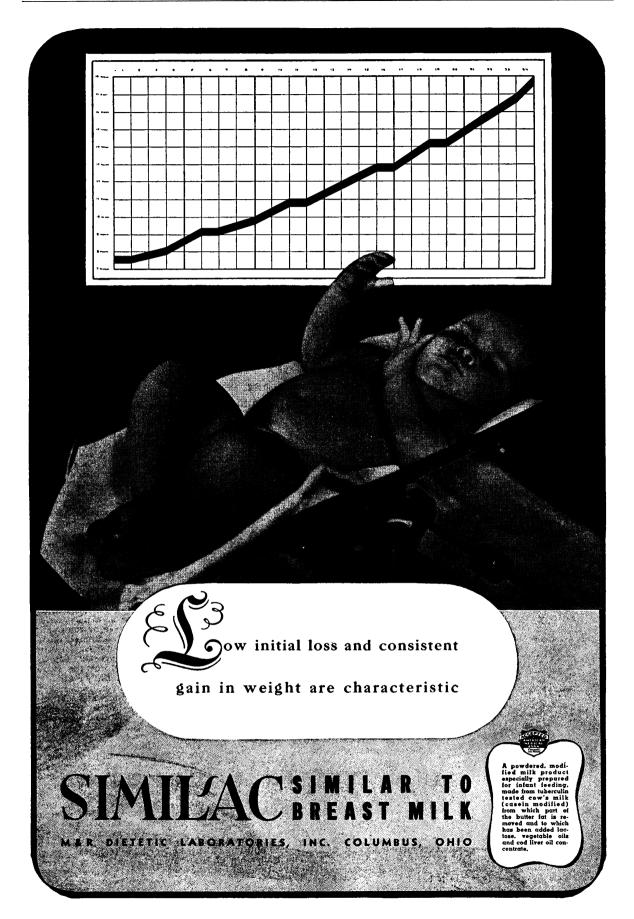
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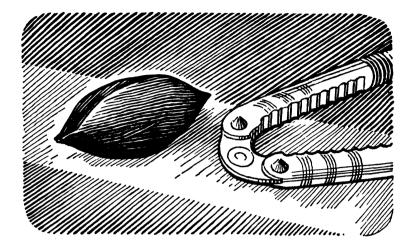




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HAND in hand with pediatric progress, the introduction of Mead's Cereal in 1930 marked a new concept in the function of cereals in the child's dietary. For 150 years before that, since the days of "pap" and "panada," there had been no noteworthy improvement in the nutritive quality of cereals for infant feeding. Cereals were fed principally for their carbohydrate content.

The formula of Mead's Cereal was designed to supplement the baby's diet in minerals and vitamins, especially iron and B₁. How well it has succeeded in these functions may be seen from two examples:

(1) As little as one-sixth ounce of Mead's Cereal supplies over half of the iron and more than one-fifth of the vitamin B₁ minimum requirements of the 3-months-old bottle-fed baby. (2) One-half ounce of Mead's Cereal furnishes all of the iron and two-thirds of the vitamin B₁ minimum requirements of the 6-months-old breast-fed baby.

That the medical profession has recognized the importance of this contribution is indicated by the fact that cereal is now included in the baby's diet as early as the third or fourth month instead of at the sixth to twelfth month as was the custom only a decade or two ago.

In 1933 Mead Johnson & Company went a step further, improving the Mead's Cereal mixture by a special process of cooking, which rendered it easily tolerated by the infant and at the same time did away with the need for prolonged cereal cooking in the home. The result is Pablum, an original product which offers all of the nutritional qualities of Mead's Cereal, plus the convenience of thorough scientific cooking.

During the last ten years, these products have been used in a great deal of clinical investigation on various aspects of nutrition, which have been reported in the scientific literature.

Many physicians recognize the pioneer efforts on the part of Mead Johnson & Company by specifying Mead's Cereal and PABLUM.

Pablum is a palatable mixed cereal food, vitamin and mineral enriched, composed of wheatmeal (farina), oatmeal, cornmeal, wheat embryo, beef bone, brewers' yeast, alfalfa leaf, sodium chloride, and reduced iron.

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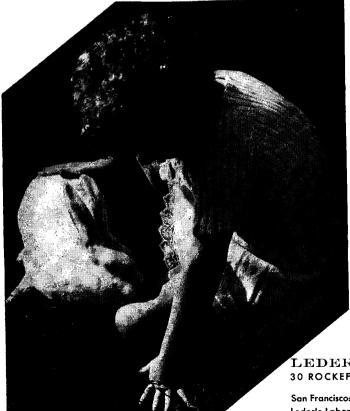
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*Note the inclusion of Type 33!

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- ANDALI ANTONINOSES -



This page is the tenth of a series on vitamin deficiencies presented by the research division of The Upjohn Company because of the profession's widespread interest in the subject. A full color, twopage insert on the same subject appears in the September 14 issue of The Journal of the American Medical Association.



Photograph courtesy of C. P. Rhoads, M. D., Memorial Hospital for the Treatment of Cancer and Allied Diseases, New York City.

The Dermatitis of PELLAGRA

The skin lesions of pellagra are considered one of the diagnostic signs; they are seen on the hands, neck, under the breasts, on the perineum, and on the legs. They usually are bilateral and are sharply demarcated from the surrounding normal skin. At first the involved area becomes erythematous and tender, resembling a mild sunburn. The skin is tense and swollen; itching and burning may be severe. At this stage vesicles or bullae frequently appear. After a period of weeks or months, the edema subsides, the erythema disappears, and the involved skin may assume a more normal appearance. Residual pigmentation persists, however, especially about the hair follicles.

The Glossitis of PELLAGRA

The glossitis of pellagra is usually among the early symptoms. It is manifested initially by hyperesthesia, which frequently develops before objective signs. As the deficiency state becomes more pronounced, desquamation of the superficial epithelium gives the tongue a beefy red, smooth, dry appearance. During desquamation, secondary infection with Vincent's organisms or Monilia frequently occurs, producing a thick white or vellow coating which ultimately is shed. The tongue becomes swollen, and fissures and aphthous ulcers develop on its surface. The inflammatory process spreads to the buccal mucosa, the gums, the lips and the pharynx, producing superficial ulcerations in these areas.

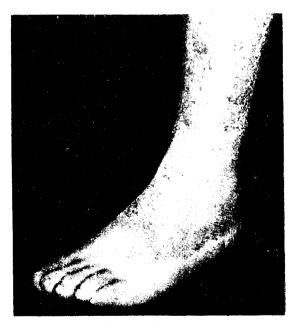


Illustration courtesy of Henry Field, Jr., University of Michigan Medical School, Ann Arbor.





^{*}Petrolagar—The trademark of Petrolagar Laboratories, Inc., for its brand of mineral oil emulsion.

Petrolagar—liquid petrolatum 65 cc. emulsified with 0.4 gm. agar in a menstruum to make 100 cc.

THE TRACE ELEMENTS IN BIOLOGICAL MATERIALS

 Students of nutrition recognize a total of some thirteen inorganic elements either as essential to humans or, in our present state of knowledge, as probably desirable for complete nutrition. For certain of these elements—definitely proven to be essential -reasonable estimates of the daily human requirements have been made. In addition, the distribution in common foods of minerals, especially those essential minerals most apt to be deficient in the diet, is well understood. Certainly, enough information appears to be at hand to insure an optimal supply for the individual of these essential or desirable elements through modern diet planning.

However, for many years it has been known that traces of elements, other than those known to be essential, may be present in animal and plant tissues (1, 2). Improvements in analytical techniques have been made and greater precautions observed in the handling of the materials used for analysis in studies reported within recent years. The results of these newer investigations have only served to confirm the fact observed in the older studies, namely, that "trace elements" may be present in biological materials, including mammalian tissues, along with the other elements recognized or accepted as essential in nutrition.

A fairly complete list of the trace elements includes silicon, aluminum, fluorine, nickel, arsenic, bromine, rubidium, barium, and selenium. The persistent occurrence of these elements in foods and in animal tissues logically raises two questions. First, are these elements essential in human nutrition, and second, assuming them to be essential, how might an adequate supply be obtained.

For the first of these two questions, there is as yet no conclusive answer (1, 2). Study of the possible part the trace elements may play in normal body functions comprises one of the frontiers of nutritional research. The fact that the trace elements are more or less consistently present in animal tissues is not necessarily conclusive proof of their essential character in nutrition; further research alone must decide that point.

The second of the above questions can be answered somewhat indirectly. It is not illogical to believe that we already recognize as essential those elements whose serious deficiency in the diet may produce the most serious irregularities in the human organism. Further, as stated above, the distribution of the known essential minerals in foods is well understood and by modern diet planning an adequate supply of these nutrients should be readily attained. It is not meant to imply that all of the trace elements are without significance in human nutrition, or that one essential nutrient is more important than another. Instead, it is intended to suggest that the distribution of all elements in foods is probably such that a protective diet-calculated to supply optimal amounts of all known essential minerals -should also supply the proper amounts of any unknown essential elements, as well.

Thus, the need for following the modern pattern of diet formulation is further indicated. The most practical means of insuring the needed quantities of all essential nutrients—recognized or as yet undiscovered—is to plan the ration according to the concepts and teachings of the modern science of nutrition. In pursuing the modern diet pattern (2), commercially canned foods should prove both valuable and convenient.

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REFERENCES

1. 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York.

 1939. Food and Life, Yearbook of Agriculture, U. S. Dept. Agri., U. S. Government Printing Office, Washington, D. C.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-fourth in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.



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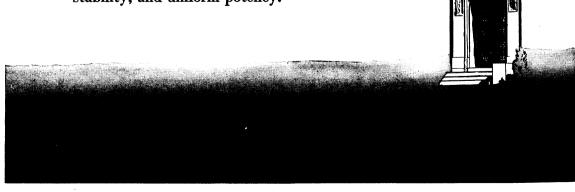
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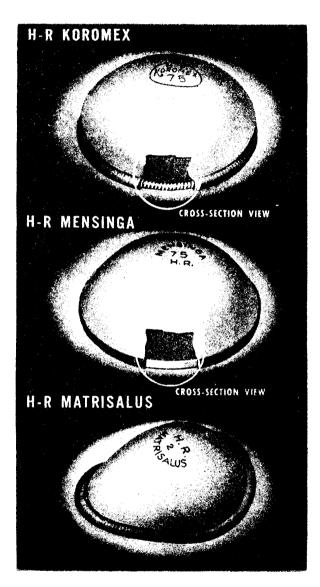
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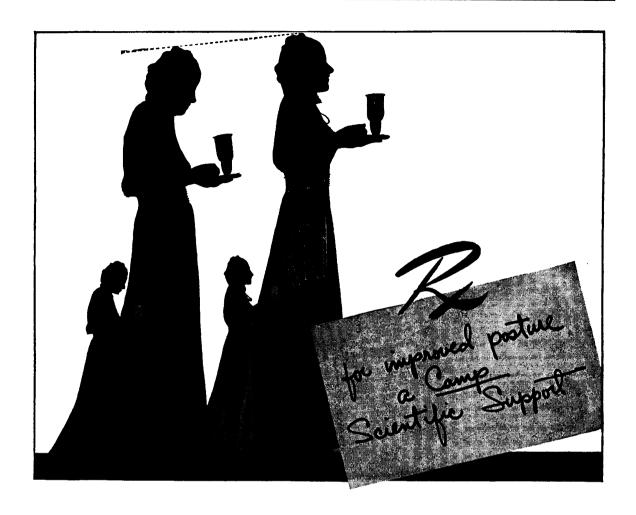
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*Medical Record, Aug. 21, 1940



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